

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2							52	/					
3		/					53	/					
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57	/					
8		/					58	/					
9		/					59	/					
10		/					60	/					
11		/					61	/					
12	/						62	/					
13		/					63	/					
14		/					64	/					
15		/					65	/					
16		/					66	/					
17		/					67	/					
18		/					68	/					
19		/					69	/					
20		/					70	/					
21		/					71	/					
22	/						72	/					
23		/					73	/					
24		/					74	/					
25		/					75	/					
26		/					76	/					
27		/					77	/					
28		/					78	/					
29		/					79	/					
30		/					80	/					
31		/					81	/					
32	/						82	/					
33		/					83	/					
34		/					84	/					
35		/					85	/					
36		/					86	/					
37		/					87	/					
38		/					88	/					
39		/					89	/					
40		/					90	/					
41		/					91	/					
42		/					92	/					
43		/					93	/					
44		/					94	/					
45		/					95	/					
46		/					96	/					
47		/					97	/					
48		/					98	/					
49		/					99	/					
50		/					100	/					
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

113  
151  
303

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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		24					51						
2		24					52						
3		24					53						
4		24					54						
5		24					55						
6		24					56						
7		24					57						
8	1						58						
9		1					59						
10	*	1					60						
11	1	16					61						
12		16					62						
13		16					63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	327						TOTAL DEP.						
TOTAL CLAIMS	336						TOTAL CLAIMS						